Montana Immunization Program

NOVEMBER 2010

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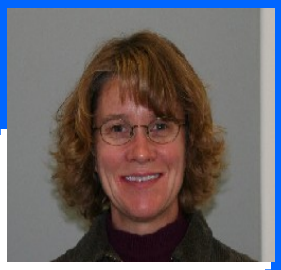
UP-COMING EVENTS:

IAP CONTRACTORS CONFERENCE CALL

DECEMBER 9TH, 2010

MONTANA
Department of Public Health & Human Services



Please Welcome Lori Hutchinson as our new Vaccine Coordinator

We'd like to take this opportunity to introduce our new Vaccine Coordinator, Lori Hutchinson. Lori spent the early part of her career as a scientist in vaccine development at the National Animal Disease Center and more recently as a forensic scientist in Utah and Montana. She also worked as a contract technical writer from her home in Hamilton, Montana. She has a B.S. in biology, an M.S. in immunobiology, and recently finished a second M.S. degree in technical communication from Montana Tech. She recently relocated from the Bitterroot Valley to Helena and started September 20th.

Daycare Reminder!

Remember that all children attending a child care facility are required to have a varicella vaccination by 19 months of age. However, this is not a school requirement. The Montana Immunization Program has developed an easy to read schedule for parents , child care providers, and our VFC providers. You can view this Child Care Required Immunization Schedule on our website at www.immunization.mt.gov under Daycare Resources. If you want to order some copies for your facility to give to parents you can click on the email link under the schedule or call our mainline at 444-5580.

WIZRD Enhancement Project Update

The Montana Immunization Program is in the final phases of evaluating vendor proposals for the upgraded Immunization Information System (IIS) and anticipates finishing evaluations and contract negotiations by the end of November 2010. We are still projecting that the new system will be available for use in late 2011 however, we will have more information about the timeline of the project once the vendor begins work.

"You miss 100% of the shots you never take."
* Wayne Gretsky

Avoid Using Acetaminophen (Tylenol®) or Other Antipyretics Pre-vaccination

A study published in the October 17, 2009 edition of *The Lancet* found that giving acetaminophen to a child before he or she received a vaccine actually reduced the child's immunologic response to the vaccine. "Although febrile reactions significantly decreased, prophylactic administration of antipyretic drugs at the time of vaccination should not be routinely recommended since antibody responses to several vaccine antigens were reduced." The abstract is online at ww.thelancet.com/journals/lancet/article/PIIS0140-6736(09)61208-3/abstract).

Evidence from this study would discourage the prophylactic use of acetaminophen prior to or immediately following vaccination. Acetaminophen can be used to treat pain or fever if it should occur following vaccination. In the upcoming 2010 General Recommendations on Immunization, CDC will remove all recommendations for prophylactic use of acetaminophen or other analgesics BEFORE or AT THE TIME OF vaccination. The American Academy of Pediatrics (AAP) has already removed such recommendations from the Red Book.

Vaccination Does Not Adversely Affect Neurological Outcomes

A new study published in the May, 2010 edition of the journal, *Pediatrics*, shows that timely vaccination during infancy has no adverse effect on neuropsychological outcomes 7 to 10 years later. Parents who are concerned that their children are getting too many vaccines too soon may find this study reassuring. You can access the full article online at http://pediatrics.aappublications.org/cgi/content/abstract/peds.2009-2489v1.

Demystifying Pneumococcal Polysaccharide Vaccine (PPSV)

Myth: Older people need to be revaccinated every 5 years.
Reality: The Advisory Committee on Immunization Practices (ACIP) recommendations for revaccination remain unchanged from the 1997 recommendations. For most persons for whom PPSV23 is indicated, ACIP does not recommend routine revaccination

Myth: If a patient has laboratory confirmed pneumococcal pneumonia, they don't need to be vaccinated with PPSV.
Reality: There are more than 90 known serotypes of pneumoccus (23 serotypes are in the current vaccine). Infection with one serotype does not provide immunity to the other serotypes.

Myth: Pneumococcal disease is not a serious disease in the United States due to advanced medical technology.
Reality: Pneumococcal disease is a very serious illness. Invasive pneumococcal disease kills thousands of people in the United States each year. According to the Centers for Disease Control and Prevention (CDC) there are an estimated 175,000 hospitalized cases of pneumococcal pneumonia, 34,500 cases of bacteremia and 2,200 cases of meningitis each year in the United States, invasive pneumococcal disease causes about 4,800 deaths annually. Bacteremia and meningitis are responsible for the highest rates of death among the elderly and patients who have underlying medical conditions.

Myth: People over 65 are the only people particularly susceptible to pneumococcal disease.
Reality: Anyone can get pneumococcal disease. In addition to persons 65 and older, high-risk groups include individuals with weak immune systems, sickle cell disease, as well as Alaskan Natives, certain American Indian populations and residents of chronic or long-term care facilities. Further, children under 2 years of age who live in group care settings and those with certain illnesses are at higher risk than other children.

Myth: Pneumococcal polysaccharide vaccine should only be given during influenza season.
Reality: PPSV can be given at any time during the year.

Recommendations for postexposure prophylaxis with IG or Hepatitis A Vaccine.

In 2007, the ACIP issued recommendations regarding postexposure prophylaxis for Hepatitis A. Persons who recently have been exposed to Hepatitis A (HAV) and who previously have not received hepatitis A vaccine should be administered a single dose of single-antigen vaccine or IG (0.02 mL/kg) as soon as possible. Information about the relative efficacy of vaccine compared with IG postexposure is limited, and no data are available for persons aged >40 years or those with underlying medical conditions. Therefore, decisions to use vaccine or IG should take into account patient characteristics associated with more severe manifestations of hepatitis A, including older age and chronic liver disease.

For healthy persons aged 12 months--40 years, single-antigen hepatitis A vaccine at the age-appropriate dose is preferred to IG because of vaccine advantages that include long-term protection and ease of administration. For persons aged >40 years, IG is preferred because of the absence of information regarding vaccine performance and the more severe manifestations of hepatitis A in this age group; vaccine can be used if IG cannot be obtained. The magnitude of the risk for HAV transmission from the exposure should be considered in decisions to use IG or vaccine. IG should be used for children aged <12 months, immune compromised persons, persons who have had chronic liver disease diagnosed, and persons for whom vaccine is contraindicated.

Persons administered IG for whom hepatitis A vaccine also is recommended for other reasons should receive a dose of vaccine simultaneously with IG. For persons who receive vaccine, the second dose should be administered according to the licensed schedule to complete the series. The efficacy of IG or vaccine when administered >2 weeks after exposure has not been established.

For more information please visit the website: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5641a3.htm

BOX. Summary of updated recommendations for prevention of hepatitis A after exposure to hepatitis A virus (HAV) and in departing international travelers

Postexposure prophylaxis

Persons who recently have been exposed to HAV and who previously have not received hepatitis A vaccine should be administered a single dose of single-antigen hepatitis A vaccine or immune globulin (IG) (0.02 mL/kg) as soon as possible.

- For healthy persons aged 12 months–40 years, single-antigen hepatitis A vaccine at the age-appropriate dose is preferred.
- For persons aged >40 years, IG is preferred; vaccine can be used if IG cannot be obtained.
- For children aged <12 months, immunocompromised persons, persons who have had chronic liver disease diagnosed, and persons for whom vaccine is contraindicated, IG should be used.

International travel

All susceptible persons traveling to or working in countries that have high or intermediate hepatitis A endemicity should be vaccinated or receive IG before departure. Hepatitis A vaccine at the age-appropriate dose is preferred to IG. The first dose of hepatitis A vaccine should be administered as soon as travel is considered.

- One dose of single-antigen hepatitis A vaccine administered at any time before departure can provide adequate protection for most healthy persons.
- Older adults, immunocompromised persons, and persons with chronic liver disease or other chronic medical conditions planning to depart to an area in ≤2 weeks should receive the initial dose of vaccine and also simultaneously can be administered IG (0.02 mL/kg) at a separate anatomic injection site.
- Travelers who elect not to receive vaccine, are aged <12 months, or are allergic to a vaccine component should receive a single dose of IG (0.02 mL/kg), which provides effective protection for up to 3 months.

NOTE: Previous recommendations remain unchanged regarding 1) settings in which postexposure prophylaxis is indicated, and 2) timing of administration of postexposure prophylaxis.

Q & A Time:

Q: Which vaccines can be given simultaneously?

A: All vaccines used for routine vaccination in the United States can be given simultaneously (i.e., at the same visit, not in the same syringe). If two live vaccines are not given simultaneously, you must wait at least 4 weeks before administering the second live vaccine. Inactivated vaccines can be given at any time before or after each other and/or live vaccines.

Q: Is it necessary to start a vaccine series over if a patient doesn't come back for a dose at the recommended time, even if there's been a year or more delay?

A: For routinely administered vaccines, there is no vaccine series that needs to be restarted because of an interval that is longer than recommended. In certain circumstances, oral typhoid vaccine (which is sometimes given for international travel) needs to be restarted if the vaccine series isn't completed within the recommended time frame.

Meningitis & Tdap Booster

The ACIP recently recommended that 16-year-olds be given a booster dose of meningococcal vaccine and that people ages 11 to 64 get a booster to protect against whooping cough, diphtheria and tetanus (Tdap). The reason for the meningitis recommendation is that two popular vaccines against the disease do not seem to work as well as hoped. Instead of providing 10 years of protection, they may work for only five years or less. The committee also discussed a growing epidemic in California of whooping cough, also known as pertussis. The state so far this year has had 6,257 cases, the most since 1960. Ten infants have died in California this year, and cases have risen nationally as well. One way to prevent infant deaths is to vaccinate family members. The committee voted to recommend a booster shot of a vaccine against diphtheria, tetanus and pertussis to those between ages 11 and 64, and to those over 65 if they come in close contact with infants. The committee said uncertainty about whether someone had recently received a combined tetanus and diphtheria vaccine should not rule out getting the combined vaccine that also protects against pertussis.

Epidemiology and Prevention of Vaccine-Preventable Diseases Series

As the winter months approach, there is an opportunity to stay indoors and advance your education about immunizations and vaccine preventable diseases. Every year the CDC updates their "4 Part Series" of Epidemiology and Prevention of Vaccine-preventable Diseases Series. This year the series has been recorded into 9 modules. The Montana State Immunization Program has scheduled times to view these modules and invites you to come watch them with us. We are located at 1400 Broadway (Cogswell Building) Rm C211, in Helena. Our schedule is as follows: (dates are subject to change, so please contact us at 444-5580 if you plan to attend)

Oct. 6 – Module 3
Oct. 13 –Module 4
Oct. 26 –Module 5
Nov. 4 –Module 6
Nov. 19 –Module 7
Dec. 7 – Module 8
Dec. 15 –Module 9

If you are unable to come watch this great educational series with us, our program has ordered several DVDs for our VFC providers to check out. Contact Lori Rowe at 444-2969 or at lrowe@mt.gov . You may also view these modules online at http://www.cdc.gov/vaccines/ed/epivac/default.htm if you do not wish to borrow the DVD.

Q & A Time

Q: Which vaccines are safe to give to a breastfeeding mother?

A: Women who are breastfeeding can receive all routine vaccines, including live vaccines. The only vaccine that should not be given to breastfeeding women is smallpox.

Q: What are the recommendations for using Gardasil to prevent genital warts in boys and men?

A: ACIP's provisional recommendations state: "The 3-dose series of quadrivalent HPV vaccine may be given to males aged 9 through 26 years to reduce their likelihood of acquiring genital warts." The schedule and minimum intervals are the same as for females.

New 2010 "Immunization Techniques" DVD

The California Department of Public Health Immunization Branch recently updated its video, "Immunization Techniques: Best Practices with Infants, Children, and Adults." This 25 minute program can be used to train new employees and to refresh the skills of experienced staff. The video demonstrates the skills and techniques needed to administer vaccines to patients of all ages.

The DVD includes instruction on:

- Selecting, preparing, and administering injectable, oral, and nasal vaccines
- Documenting immunizations
- Making patients comfortable and educating them
- Facilitating staff and patient communication

To learn more or to order a copy of the DVD, visit www.immunize.org/shop/toolkit_iztechdvd.asp . The Montana Immunization program has ordered several copies of the DVD for our VFC providers to borrow. If you would like to borrow this DVD, please contact Lori Rowe at 444-2969 or email at lrowe@mt.gov .